Virginia Information Technologies Agency

Major IT Project Status Report

Summary of the April 2007 Report

CIO Assessment	Number	Percent	Dollar Value	Percent
Active - Red	0	0.0%	$0	0.0%
Active - Yellow	6	23.1%	$35,769,692	6.7%
Active - Green	15	57.7%	$466,107,675	87.6%
Suspended	0	0.0%	$0	0.0%
Closeout Phase	5	19.2%	$30,180,791	5.7%
Total	26	100.0%	$532,058,158	100.0%

Comparison of CIO Active Projects Assessment with the previous (January 2007) Report

Chart — CIO Assessment vs. Number of Active Projects:
- Red: January 0, April 0
- Yellow: January 5, April 6
- Green: January 17, April 15

Legend: January, April
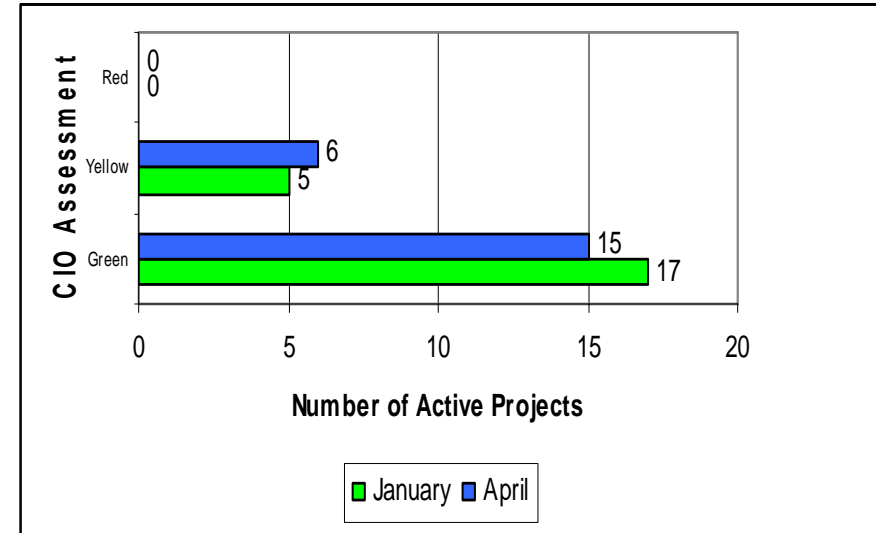
National Provider Identifier (NPI) Project IV&V

Agency: Department of Medical Assistance Services

Purpose: Implement the National Provider Identifier (NPI), a federal mandate from the U.S. Department of Health and Human Services (HHS). The goal of the CMS mandate is to standardize the identification of health care providers nationally across systems that process health care claims, resulting in more efficient and less costly claims processing. Under NPI, each health care provider will be issued a national identifier that uniquely identifies the health care provider. As a result, the MMIS database will be modified, to the new NPI standard. The mandatory compliance date for adopting the NPI standard is May 23, 2007.

Project Manager: Frank Guinan

Estimated Cost (Development Approval): $19,864,000
Actual Cost to Date: $11,961,919

Start Date: May 22, 2006
Scheduled End of Execution: June 21, 2007

National Provider Identifier (NPI) Project IV&V

Findings

North Highland (IV&V provider) conducted interviews with the project staffs of DMAS and its development vendor, First Health, and reviewed a large volume of project documents.

Project is healthy by all indications:

- Successful live launch in March

- Implementation ahead of federal deadlines and almost all other states

- Received "gold star" assessment from CMS (federal agency) for NPI compliance

DMAS did not comply with COVA requirements for project initiation and oversight but has followed project management and related federal standards and processes rigorously. The project was identified as a procurement in the 2004 DMAS strategic plan.

National Provider Identifier (NPI) Project IV&V

Finding

Project has several best practices to highlight for the benefit of other agencies:

– DMAS's testing procedures (which have shifted much of the testing burden to the software vendor)

– Change management related communications to the affected health care providers

– High level of commitment to, and support of, the project at the agency executive level, including the DMAS director

– DMAS' early engagement and participation in WEDI and other organizations helped it to meet or exceed compliance requirements

Recommendation

Future projects should adopt earned value methodology with project management in order to identify and avoid or mitigate any risks to the project budget and schedule as early as possible.

National Provider Identifier (NPI) Project IV&V

Findings

Agencies compliance with COVA Project Management Standards and oversight is on the "honor system."

Actual IT projects often misclassified as IT procurements, enhancements, or maintenance in agency IT strategic plans and/or procurement approval requests.

Addition of more project oversight staff and implementation of the new Portfolio Management System should improve VITA PMD's ability to review agency IT strategic plans and identify actual IT projects.

VITA PMD often the last to know about agencies seeking federally funded IT initiatives – agencies' focus is on compliance with federal funding related requirements, not state project management standards.

Recommendation

COVA Project Management Standards should be amended to require agencies seeking federal funding for IT related undertakings to notify VITA PMD at beginning of funding application/request process.

Ticketing System Implementation Project Closeout

Agency: Jamestown-Yorktown Foundation (JYF)

Purpose: Implement a commercial off-the-shelf application and deploy associated hardware to meet JYF's ticketing, scheduling and resource management needs.

Project Manager: Michael Armour (North Highland Company)

Estimated Cost (Development Approval): $450,000
Last Approved Baseline: $450,000
Actual Cost: $455,441

Scheduled End of Execution (Development Approval): March 31, 2006
Last Approved Baseline: December 1, 2006
Actual End of Execution: December 1, 2006

Outstanding Issues: None

Virginia Emergency Operations Center- Project Closeout

Agency: Virginia Department of Emergency Management

Purpose: Deliver an integrated systems solution, including commercial software and implementation,; hardware acquisition and deployment; system administrator training and short-term operations support and maintenance to the new Virginia Emergency Operations Center

Project Manager: George Urquhart

Estimated Cost (Development Approval): $6,527,000
Last Approved Baseline: $6,827,000
Actual Cost: $6,737,805

Scheduled End of Execution (Development Approval): June 1, 2006
Last Approved Baseline: November 15, 2006
Actual End of Execution: November 15, 2006

Issues: None

EPM PeopleSoft Business Planning & Budgeting (EPBPB) Project Closeout

Agency: Virginia Information Technologies Agency

Purpose: Replace BERT (Legacy Budgeting System) and implement the Enterprise Performance Management (EPM) PeopleSoft Business Planning & Budgeting modules.

Project Manager: John Sheldon (VITA)

Estimated Cost (Development Approval): $1,288,680
Last Approved Baseline: $1,288,680
Actual Cost: $1,320,780

Scheduled End of Execution (Development Approval): October 6, 2006
Last Approved Baseline: December 22, 2006
Actual End of Execution: January 11, 2007

Issues: None

Project Status Reviews

- Virginia Enterprise Application Project

    Peggy Feldmann

- Integrated Case Management System

    Susan Kropp

- Voter Election and Registration Information System

    Jan Fatouros